



Open Access Plus Plan for City of Albuquerque Employees

This summary contains highlights only and is subject to change. Any services received must be medically necessary to be covered. The specific terms of coverage, exclusions and limitations are contained in the carrier's Summary Plan Description.

Benefits Effective July 1 st , 2006	Open Access Plus		
	Nationwide Network	Member Pays	
		In-Network	Out-of-Network ¹
Benefit Highlights	Member deductible (calendar year)		
	Single	None	\$1,000
	Family	None	\$2,000
	Out-of-pocket maximum (calendar year)		
	Single	\$1,500	\$3,000
	Family	\$3,000	\$6,000
Physician Services	Office visit		
	Primary Care	\$15 copay	50%
	PCP selection not required		
	Specialty Care	\$25 copay	50%
	Referrals not required		
	Preventive services		
	Routine physical	Office visit copay	50%
	Routine laboratory & x-ray		
	Well child care	No charge	50%
	Immunizations	No charge	50%
	Laboratory & x-ray	No charge	50%
	Allergy treatment/injections	Office visit copay or actual charge, whichever is less	50%
	Allergy serum (dispensed by the physician in the office)	No charge	50%
Hospital Services	Hospitalization ² (includes room and board, inpatient physician care – physician visits, surgeon, and anesthesiologist – and inpatient rehabilitation services)	\$250 copay	50% after \$500 per admit deductible and plan deductible
	Outpatient ⁴ (includes facility services and outpatient physician care – physician visits, surgeon, and anesthesiologist)	\$150 copay	50% after \$250 per visit deductible and plan deductible
	Laboratory & x-ray	No charge	50%
Maternity Services	Physician services		
	Initial visit to confirm pregnancy	Office visit copay	50%
	All subsequent prenatal visits, postnatal visits, and physician delivery charges	No charge	50%
	Hospital admission ²	\$250 copay	50%
Emergency Services	Emergency room ⁵	\$75 copay	50% ⁶
	Urgent care center ⁵	\$25 copay	50% ⁶
	Laboratory & x-ray	No charge	50% ⁶
Prescription Drugs	Retail – 30 day supply		
	Generic	\$10 copay	In-network coverage only
	Preferred brand-name	\$35 copay	
	Non-preferred brand-name	50%	
	Tel-Drug mail order– 90 day supply		
	Generic	\$20 copay	In-network coverage only
	Preferred brand-name	\$70 copay	
	Non-preferred brand-name	50%	



CIGNA HealthCare
A Business of Caring.



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	Nationwide Network	Member Pays	
		In-Network	Out-of-Network ¹
Mental Health	Outpatient services ⁴	\$25 copay	50%
	Intensive outpatient services ^{3,4}	3 programs per year	
		\$50 per program copay	50% after \$50 per program copay
	Inpatient services ²	\$250 copay	50% after \$500 per admit deductible and plan deductible
Substance Abuse	Outpatient services ^{3,4}	20 combined visits per year	
		\$25 copay	50%
	Intensive outpatient services ^{3,4}	3 programs per year	
		\$50 per program copay	50% after \$50 per program copay
	Inpatient services ^{2,3}	30 combined days per year	
		\$50 copay per day	50% after \$50 per day deductible and plan deductible
	Call CIGNA Behavioral Health at 1.800.343.2183 if you have any questions or require assistance finding a contracted provider.		
Other Services	Advanced Radiological Imaging (includes MRI, CAT Scans and Pet Scans) ⁴	\$75	50% after \$150 per procedure deductible and plan deductible
	Cardiac Catheter ⁴	\$150	50%
	Outpatient short-term rehabilitative therapy ^{3,4} (includes cardiac rehab, pulmonary rehab, physical therapy, speech therapy, occupational therapy, cognitive therapy, chiropractic, and acupuncture)	60 combined days per year	
		\$20 copay	50%
	Durable medical equipment ^{3,4}	\$1,000 maximum per year	
		No charge	50%
	External prosthetic appliances ^{3,4}	\$1,000 maximum per year Separate \$200 EPA deductible per year	
		No charge	50%
	Home health care ^{3,4}	100 days per year	
No charge		50%	
Hospice ⁴	No charge	50%	
Transplants	Coverage for medically appropriate, non-experimental organ transplants. Lifesource Center ⁴ Travel services maximum ³ - \$10,000 Non-Lifesource Center ⁴	No Charge \$250 copay	In-network coverage only

1. Unless otherwise noted, the deductible must be met before coinsurance benefit payments are made.
2. Pre-Admission Certification (PAC) is required; 50% reduction or denial applies to facility's services if not obtained.
3. This benefit includes an annual maximum payment, annual visit limitation, and/or lifetime visit limitation. See your Summary Plan Description for more information.
4. No benefits or reduced benefits if prior approval is not obtained.
5. The emergency care copay is waived if an admission results; then hospital admission copay applies.
6. Medical emergency services are paid as In-Network; treatment that is not for a medical emergency is paid as Out-of-Network.

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